Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

| Date: | <u>3-31-2008</u> | Address: | 1406 Locust st. Apt 1 |
|---|---|---|---|
| Case #: | <u>45F48134</u> | | New Albany, IN 47150 |
| County: | Floyd | | · |
| Type of La | aboratory Seizure (check one) | Seizure Location (| check all that apply) |
| _ | onal Lab al/Glassware/Equipment (only) ite (only) | ☐ Residence☐ Outbuilding☐ Vehicle | ☐ Hotel/Motel ☐ Open – No Structure ☐ Other: |
| (check all th | nd: Location (bedroom, kitchen, open ain nat apply) n/Ammonia Reaction(s): | r, etc) | |
| Red Phosphorous/Iodine Reaction(s): kitchen | | | |
| ☐ Flammable Solvents: <u>kitchen</u> | | | |
| Water Reactive Metal (Lithium): | | | |
| Anhydrous Ammonia: | | | |
| | | | |
| Corrosive Acid: kitchen | | | |
| Corrosive Base: | | | |
| Other (item and location): | | | |
| Yes (| er age 18 discovered (check one) number present) eport to Child Protective Services | Ephedrin | <u>e Information</u> e/Pseudoephedrine Tracking Log erchant Tip — |
| This repor | t is to be faxed to the following ager | cies that serve the l | ocation: |
| Fire Depart | ment: New Albany FD | Fax: <u>N/A</u> | |
| Health Department: Floyd County | | Fax: <u>948.2</u> Fax: | |
| Child Prote | ection Service: | | |
| | information regarding this methamph og Officer: Greenwell Pho | etamine laboratory, c ne 812.246.5424 | ontact |

^{**} This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.